

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08-4038 4	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/		/		
2				/		/	
3				/		/	
4			/			/	
5				/		/	
6				/		/	
7			/			/	
8				/		/	
9				/		/	
10			/			/	
11				/		/	
12			/			/	
13				/		/	
14			/			/	
15				/		/	
16			/			/	
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			1		1		
TOTAL DEP.			15		15		
TOTAL CLAIMS			16		16		